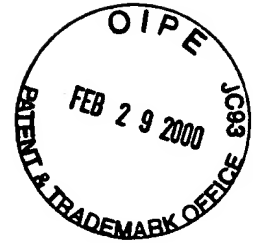


Certificate of Express Mailing



"Express Mail" Mailing Label Number: EJ745196085US

Date of Deposit: 02/29/2000

Ref: Case Docket No.: P3304

First Named Inventor: Dan Kikinis

Serial Number: 09/351,263

Filing Date: 07/12/1999

Title of Case: Methods and Apparatus for Enhancing Wireless Data Network
Telephony Including a Personal Router in a Client

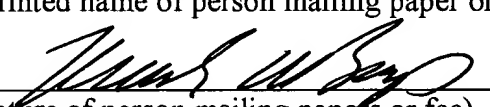
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Preliminary Amendment.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

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3-2-00

GAU 1764
B 273

"Express Mail" Mailing Label Number: EJ745196085US

CASE DOCKET NO. P3304

In reference to application of Dan Kikinis

Serial No. 09/351,263



For Methods and Apparatus for Enhancing Wireless Data Network Telephony Including a Personal Router in a Client

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

- ☒ No additional fee is required.
- ☐ Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	5	Minus	**20	0	\$09.00	\$18.00	\$0
Indep. Claims	1	Minus	***3	0	\$39.00	\$78.00	\$0
<input type="checkbox"/> First presentation of a multiple dependent claim					\$135	\$270	\$0
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$0
Total additional for claims and time extensions							\$0

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** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of _____ is attached.

☐ Charge \$ _____ to deposit account _____ (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

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Respectfully Submitted, _____

Donald R. Boys
Reg. No. 35,074

Central Coast Patent Agency
P.O. Box 187
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